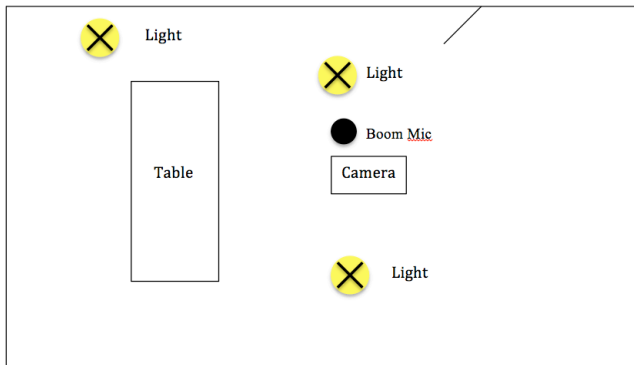




Name of Student(s)		Email Contact Details	
Francesca Lessner		lf103@greenwich.ac.uk	
Katharine Smith		Sk143@gre.ac.uk	
Amy Jenson-Boon		ja116@gre.ac.uk	
Hannah Snelling		sh105@gre.ac.uk	
Team Leader:	Francesca Lessner	Contact Number:	07584251804
Assignment Title	Dead Men Don't Wear Plaid	Course Code:	CINE 1072
METHOD STATEMENT - WRITE a short DESCRIPTION of what you intend to film, the location and action (including any power sockets required for the shoot): We are recreating the interrogation scene from "The Dark Knight" with the joker and James Gordon. The scene originally takes place in a police interrogation room. We are filming around a table in the middle of the room with our one actor taking the role of James.			
How many CREW?	4	How many actors?	1
When will you Film - dates/times please : Wednesday 28 th November 5pm-11pm Thursday 29 th November 9am-11am			
Location Addresses/ details:	University Of Greenwich Steven Lawrence Studio	Equipment Bases: same as location address	
List the kits used and indicate power source – battery/mains for camera: Canon 550D Tripod Sound kit Solid state 2 Dedos 2 Kenos Light Meter PRO Card <input type="checkbox"/> Card Reader <input type="checkbox"/> Headphones <input checked="" type="checkbox"/> AV Cables <input type="checkbox"/> Field Monitor <input checked="" type="checkbox"/> PSU <input type="checkbox"/> Charger <input checked="" type="checkbox"/> Onboard Mic <input checked="" type="checkbox"/> Lens Hood <input type="checkbox"/>			
Collection Date/time: Wednesday 28 th 4pm		Return date/time: Thursday 11am	
Please specify any EXTERNAL Mics: Boom Mic		Fishpole <input checked="" type="checkbox"/>	XLR Cables <input type="checkbox"/>
Additional Kit/accessories/grip/etc – please specify :			
Do you need MAINS POWER?	If batteries need charging, and YES for lighting equipment		
<ul style="list-style-type: none"> Team Leader for the filming/shoot needs to report in at the start and end of filming to East Gate security. If case of fire evacuation when interior shoot takes place, Team leader is responsible for clearing area including actors and guests and reporting to the assembly point. Any accidents/near misses need to be reported to East Gate security where an incident report form will need to be filled in (please note that First Aid requirements should be reported to East Gate security (no: 020 8331 7616). Smoke & Hot works (naked flames) are not allowed. 			
Please insert a RECCE PLAN to show the area you are using and camera, lights and action positions: (without this your application will be rejected) Stephen Lawrence Studio 			
Risk Assessment has been Distributed to: Team Members <input checked="" type="checkbox"/> Technicians <input checked="" type="checkbox"/> Course Lecturer <input checked="" type="checkbox"/>			
NB. Double click boxes ABOVE to enter X			



Location Type		Condition		Type of filming/action	
Exterior Greenwich Campus		No Power		Documentary/fly on wall	
Interior Greenwich Campus	X	Pedestrian Access		Drama	X
Car Park		Public Access		Studio based	X
Exterior Housing Estate		Parking		Interviews on street	
Derelict Building		Limited space	X	General Views	
Interior Flat/house		Occupied		Multi Cameras	
Industrial Building		Noise Level high		Interview (Interior)	
Shopping Centre/Mall		Isolated		Staged conflict	
Town Centre		Empty		Car Ext/Interior - moving	
Pub		SAFE		Car Ext/interior - static	
Beach/coast/sea/River		Abandoned/disused		3 rd Party HIRED kit	
Wood/forest				Other –please specify:	
Public Park					
Shop - interior					
Shop Exterior					

Please indicate the Filming Issues which you have addressed:

Consent Forms	<input checked="" type="checkbox"/>	Film Permit	<input checked="" type="checkbox"/>	Permission	<input checked="" type="checkbox"/>	Transport	<input type="checkbox"/>	Parking	<input type="checkbox"/>	Notify Police	<input type="checkbox"/>
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HAZARD		HAZARD		HAZARD	
Trip Hazard/cables	<input checked="" type="checkbox"/>	Lighting strike	<input type="checkbox"/>	Dangerous structure	<input type="checkbox"/>
Lifting/handling	<input checked="" type="checkbox"/>	Weather	<input type="checkbox"/>	Fire/Flammable material	<input type="checkbox"/>
Slippery conditons	<input type="checkbox"/>	Noise levels high	<input type="checkbox"/>	Speed	<input type="checkbox"/>
Vehicles	<input type="checkbox"/>	Public intervention	<input type="checkbox"/>	Obstructing public access	<input type="checkbox"/>
Working Height	<input type="checkbox"/>	Machinery	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Electric shock	<input type="checkbox"/>	Confined space	<input type="checkbox"/>	Other please specify:	
Heat/hot surfaces	<input checked="" type="checkbox"/>	Access(entry/exits)	<input type="checkbox"/>		<input type="checkbox"/>
Extreme cold	<input type="checkbox"/>	smoke	<input type="checkbox"/>		<input type="checkbox"/>
Assault by person	<input type="checkbox"/>	Violence	<input type="checkbox"/>		<input type="checkbox"/>
Animal attack	<input type="checkbox"/>	Water	<input type="checkbox"/>		<input type="checkbox"/>

Risk Assessment PART B

Risk Matrix – use to determine the risk and how likely to cause injury	Likelihood of HARM/Injury				
SEVERITY of Harm	Remote (1 in 1000 chance)	Unlikely (1 in 200 chance)	Possible (1 in 50 chance)	Likely (1 in 10 chance)	PROBABLE (1 in 3 chance)
Negligible (small bruise) – LOW	Very Low	Very Low	Very Low	Low	Low
Slight (small cut/deep bruise) – LOW	Very Low	Very Low	Low	Low	Medium
Moderate (deep cut/damaged muscle) – MED	Very Low	Low	Medium	Medium	HIGH
Severe (Fracture/loss of consciousness) – HIGH	Low	Medium	HIGH	HIGH	EX. HIGH
Very Severe (Fatal/Poss disability) – HIGH	Low	Medium	HIGH	EX. HIGH	EX. HIGH

Now COMPLETE the TABLE on the NEXT PAGE....

Hazards Identified (list anything that could cause harm to anyone in/near the area)	Who is at Risk (list the possible people who may come into the area)	Severity (H, M, L)	Likelihood or Risk Factor (H, M, L)	Proposed CONTROLS/Precautions (For each of the identified hazards, evaluate the risks and decide whether existing precautions are adequate or list the proposed precautions for each significant hazard and identify any contingency plans in place for emergencies or failures of safety critical arrangements. Include any fire and first aid and welfare arrangements.	Likelihood reduced Risk (with proposed controls in place) (H, M, L)
Describe the activity & associated HAZARDS – identify each hazard.					
Tripping over cables	Cast and Crew	L	L	Tape cables down	L
Burn from lights	Crew	L	L	Use gloves to move light or wait for them to cool down	L
Tripping over props	Cast and Crew	L	L	Make sure there's room to walk around the object	L

This document MUST be completed and signed by your team/team leader and authorised by your course tutor BEFORE the

Based on BBC/Granada Health & Safety Assessment



<p>production can commence, or any equipment is authorized/booked.</p> <p>I have read the above and I am satisfied that:</p> <ul style="list-style-type: none"> • It constitutes a proper and adequate risk assessment in respect of the planning filming activity and that the precautions/procedures proposed are sufficient to control and minimize the risks. • Adequate arrangements are in place to communicate the risk assessment and to co-ordinate the safety arrangements of all those affected, e.g. locations/site owners, crew members, actors, participants, technicians, tutors, general public, etc. 	
Please type in as a Signature all students involved:	
Student & ROLE: Fran- Producer	Actor 1 details: George Xander
Student & ROLE: Kath- Director	Actor 1 details:
Student & ROLE: Amy- Sound	Actor 1 details:
Student & ROLE: Hannah- Camera	Actor 1 details:
Date:	20 th of November 2012

Name of TUTOR authorising:	Val Brown	Loan Agreed <input type="checkbox"/>
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